FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTIO

ON OF COST OF THE PROPERTY OF

OMB APPROVAL
OMB Number: 3235-0076
Expires: November 30, 2001
Estimated average burden
hours per response.....16.00

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

		#:C. 1/1 // //				
Name of Offering (check if Series A-1 Convertible Prefer	this is an amendment and name has changed, and indicarred Stock	ate change.)				
Filing Under (Check box(es) th	nat apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE				
Type of Filing: New Filing	Amendment					
	A. BASIC IDENTIFI	ICATION DATA				
1. Enter the information reque	sted about the issuer					
Name of Issuer (check if the	is is an amendment and name has changed, and indicate	change.)				
OpenReach, Inc.						
Address of Executive Offices		Telephone Number (inclu	ding Area Code)			
758 State Route 18, Suite	110, East Brunswick, NJ 08816	(88	(888) 480-8710			
Address of Principal Business	Operations (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)				
(if different from Executive Of	fices)					
Brief Description of Business						
Development and marketing	of software products and network services.		arccen			
			PROCESSED JAN 28 2004			
Type of Business Organization			1 4000			
	☐limited partnership, already formed	ather (please specific)	/ LAN 28 2004			
☐ business trust	☐limited partnership, to be formed	other (please specify):				
Actual or Estimated Date of In-	Month Year 1 2 9 9	´ ⊠ Actual □ Estimated	THOUSON			
	,	_	, s. w -			
Jurisdiction of Incorporation or	Organization: (Enter two-letter U.S. Postal Service ab					
	CN for Canada; FN for other f	oreign jurisdiction) DE				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - X Each promoter of the issuer, if the issuer has been organized within the past five years;
 - X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - X Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner		⊠Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Zucco, James										
Business or Residence Address (Number and Street, City, State, Zip Code)										
c/o OpenReach, Inc., 758 State Route 18, Suite 110, East Brunswick, NJ 08816										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, if individual) Hammond, Wayne										
Business or Residence Address (Number and Street, City, State, Zip Code)										
c/o OpenReach, Inc., 758 S										
Check Box(es) that Apply:	Promoter	Beneficial Owner		☐ Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Addr	ess (Number ar	d Street City State Zin	(Code)							
c/o OpenReach, Inc., 758 S										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Carr, Robert	if individual)									
Business or Residence Addr	ess (Number ar	d Street, City, State, Zip	Code)							
c/o OpenReach, Inc., 758 S										
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Mott, Geoff					-					
Business or Residence Addr										
c/o OpenReach, Inc., 758 S	tate Route 18,	Suite 110, East Brunsw	vick, NJ 08816							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Kain, John										
Business or Residence Addr										
c/o OpenReach, Inc., 758 S										
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first,										
VantagePoint Venture Par										
Business or Residence Address (Number and Street, City, State, Zip Code)										
1001 Bayhill Dr., Suite 300										
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, if individual)										
Sofinnova Ventures Business or Residence Address (Number and Street, City, State, Zip Code)										
140 Geary Street, Tenth Floor, San Francisco, CA 94108										
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)										
(Ose orank sheet, or copy and ase additional copies of this sheet, as necessary.)										

· 		·····			B. INFO	RMATIO	N ABOU	T OFFER	ING					
1. Has th	e issuer sol	d, or does th	he issuer in	tend to sell,	to non-acc	redited inve	estors in thi	s offering? .		••••••	••••		Yes	No ⊠
				A	Answer also	in Append	lix, Column	2, if filing	under ULO	E.				
What is the minimum investment that will be accepted from any individual?										\$ N/A				
3. Does the offering permit joint ownership of a single unit?										Yes	No			
remun- person	eration for some agent of persons to	solicitation f a broker of be listed a	of purchase r dealer reg re associate	ers in conne	ction with s the SEC a	sales of sec nd/or with a	urities in that state or sta	e offering. ites, list the	If a person name of th	to be listed e broker or	nission or si is an assoc dealer. If r broker or d	iated nore than		
N/A	ast name iii	rst, II Indivi	iouai)											
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)					_		***	
Name of Asso	ociated Bro	ker or Deale	er			·= ··=								···· <u>·</u>
States in Whi	ch Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers			. "	· · · · · · · · · · · · · · · · · · ·				
(Check	"All States'	or check in	ndividual S	tates)	•••••••••			•••••••			All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (L						<u> </u>		_[,,,]			1,,,,	[1.1.]		
Business or R	esidence A	ddress (Nu	mber and S	reet, City,	State, Zip C	Code)	 -					<u> </u>		
Name of Asso	ciated Bro	ker or Deale	er		··									
States in Whi	ch Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers						······		
Check "All S	states" or ch	neck individ	lual States)		***************************************			••••••••			All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (L	ast name fir	rst, if indivi	dual)											
Business or R	esidence A	ddress (Nu	mber and S	reet, City,	State, Zip C	Code)							<u> </u>	
Vame of Asso	ociated Bro	ker or Deal	er				····							
States in Whi	ch Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
Check "All S	states" or ch	neck individ	lual States)					***************************************			All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗌 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Amount Already Type of Security Price Sold Debt \$ 6,999,997 \$ 6,999,997 Equity ☐ Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests \$ \$)..... \$ Other (Specify \$ Total \$ 6,999,997 \$6,999,997 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Aggregate Dollar Amount of Purchases \$ 6,999,997 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Type of offering Security Sold Rule 505..... Regulation A \$ Rule 504..... \$ \$ a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs \Box \$ \boxtimes \$ 80,000 Legal Fees Accounting Fees \$ Engineering Fees \$ Sales Commissions (specify finders' fees separately)..... \$ ____ \$ Other Expenses (identify) Total \boxtimes \$ 80,000

	C. OFFERING PRICE	, NUMBER	OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
4.	b. Enter the difference between the aggregate offeri expenses furnished in response to Part C - Question issuer."				\$ 6,919,997
5.	Indicate below the amount of the adjusted gross protein purposes shown. If the amount for any purpose left of the estimate. The total of the payments listed forth in response to Part C - Question 4.b. above.	is not known,	furnish an estimate and check the box to the		
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			_ 🗆 \$	□ s
	Purchase of real estate			□ \$	□ \$
	Purchase, rental or leasing and installation of machin	nery and equip	oment	□ \$	\$
	Construction or leasing of plant buildings and facilit	ies		□ \$	□ s
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets pursuant to a merger)	or securities o	of another issuer	□ \$	□s
	Repayment of indebtedness			☐ \$	□s
	Working capital			□ \$	⊠ \$ 6,919,997
	Other (specify):			□ \$	□ s
	Column Totals			□ \$	⊠ \$ 6,919,997
	Total Payments Listed (column totals added)			⊠ \$ 6,91	9,997
		D	FEDERAL SIGNATURE		
in ui ion-	ssuer has duly caused this notice to be signed by the dertaking by the issuer to furnish to the U.S. Securitive coredited investor pursuant to paragraph (b)(2) of Ru	indersigned dies and Exchange the solution of	uly authorized person. If this notice is filed un ge Commission, upon written request of its sta	off, the information furnis	
	ner (Print or Type) enReach, Inc.	dignature	Date	uary 16, 2004	
Na	me of Signer (Print or Type)		n (Print or Type) d Chief Executive Officer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION